

Personal Info	rmation of Student:		
Last Name :		First Name	e:
Date of Birth:		Belt Level:	
Medical Hist	ory:		
Address :		City:	Postal code :
		•	
Home number :		Cell number :	
Email :			
	hat photos and / or videos can be take I do not agree.	n during training for t	he purpose of promotional material for Centre
	Vinter Session – February 5 <sup>th</sup> to May 1		
Program:	Judo (3-5 years) J	udo (6-7 years)	Judo (8-9 years)
Price:	\$120/full session <b>(\$137.97)</b> - (Saturday	mornings)	Total : \$
42 Weeks - Fa	all/Winter Session - September 7 <sup>th</sup> , 20	21 until June 25 <sup>th</sup> , 202	22
Program:	Judo (10-13 years)		
Price:	\$30/bi-weekly (\$34.49) — (Tuesday/Thursday Evenings + Saturdays)		
Program:	Adult Judo (14 years +)		
Price:	\$35/bi-weekly (\$40.24) - (Tuesday/Thursday Evenings + Saturdays)		
		Affiliation w	vith Judo Québec/Canada - \$
			Total Paid - \$
	for bi-weekly: Transit # (5)		
•	nember confirms wanting to become a		

accepts to meet all the regulations established to maintain order and protect members for injuries, and respect all the instructors. Hereby, the member exempts Arts MartiauxÉvolution, Daniel Guillemette, his instructors, members and authorized guests from all actions, causes of actions, claims and demands for various damages, loss or injury whatsoever suffered after joining this health club. The member also agrees that the club Arts MartiauxÉvolution, Daniel Guillemette, its instructors and its members are not liable for any loss of theft or personal effects.

Date:	*Signature:
	8